

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF SPECIAL HEALTH CARE NEEDS

## ADULT BRAIN INJURY PROGRAM PRIOR AUTHORIZATION MODIFICATION AND MONTHLY PROGRESS REPORT

COMPLETED BY PROVIDER				
CLIENT NAME (LAST, FIRST MI)		DATE OF BIRTH	DCN	
DROVIDED NAME			DATE	
PROVIDER NAME			DATE	
PROVIDER ADDRESS				
CONTACT PERSON		EMAIL ADDRESS		
OFFINIOE REQUIENTED				
SERVICE REQUESTED				
0005 - Neuropsychological Evaluation/ Co		Pre-Voc/Pre-Emp Train	ing 🔲	0004 - Transitional Home and
0010 - Adjustment Counseling/Psychologis		(3 hr half day)		Community Support
0011 - Adjustment Counseling/Social Work		Pre-Voc/Pre-Emp Train		0007 - Special Instruction
☐ 0012 - Adjustment Counseling/LPC		(6 hr half day)		0009 - Supported Employment-
	□ 0107 - 0	Consultation Visit		Long Term Follow-Up
COMMENTS: PROVIDER MUST JUSTIFY REASON FOR	THE INCREASE OR DECREA	ASE IN UNITS REQUESTED		
ALL AUTHORIZED UNITS USED $\Box$				
MONTH/YEAR	AUTHORI	ZED UNITS	RF	QUESTED MODIFIED UNITS
MONTHIFEAR	AOTHORIA	LLD OIIIIO		AGEOTED MODIFIED CHITC
ABI SERVICE COORDINATOR ONLY		ABI PROGRAM MAN	IACED ON	II V
DATE RECEIVED		ABI PROGRAM MAN	IAGEN ON	DATES OF APPROVAL
		☐ APPROVED ☐	DENIED	T-0
		AITHOVED	DLINILD	ТО
CURRENT MOHSAIC SCA DATE		PROGRAM MANAGER'S COMMENTS		
RECOMMENDATION		PROGRAM MANAGER'S S	IGNATURE	
☐ APPROVED ☐ DENIED ☐ MODIFY		PHOGRAM MANAGER 5 5	IGNATORIE	
		_		
SERVICE COORDINATOR'S COMMENTS		MOHSAIC ENTRY COMPLETED (DATE AND INITIALS)		
			,	•
SERVICE COORDINATOR SIGNATURE		DATE MAILED TO PROVIDER DATE MAILED TO SERVICE COORDINATOR		

MO 580-2853 (10-19)

PARTICIPANT				
	DCN			
MONTHLY PROGRESS REPORT				
Monthly goals and strategies that were worked on should be outlined below. The mont Successes, Incidents, etc.	hly Prograss Rep	port should include Barriers,		
An example of goals and strategies are:				
Goals worked on this month were:				
Goal 1 - Organization				
Strategies used were visual & verbal cueing, photos, and implementing a Contained Chaos Box strategy.				
The kitchen cabinets were organized and reorganized o each visit. The chaos box was emptied each week and places were found for new incoming items.				
Goal 2 - Health				
The participant decided to obtain an alarmed medication tray to assist in remembering to	take medications	s on time 2 times a day. We		
researched organizations to assist with payment of tray. AAA was able to assist us with this.	Tray has been or	dered.		
DIRECT CARE STAFF SIGNATURE		DATE		
CLIDEDVICOD CIONATUDE		DATE		
SUPERVISOR SIGNATURE		DATE		

PARTICIPANT CLIENT NAME (LAST, FIRST MI)	DOM
CLIENT NAME (LAST, FIRST MI)	DCN
ADDITIONAL INFORMATION	

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